



Incident Report

Print Date/Time: 06/05/2016 17:29

Login ID: ss0139

Lake Stevens Police Department

ORI Number: WA0311900

Incident: 2016-00010166

Incident Date/Time: 5/27/2016 3:44:00 PM
Location: 20TH ST SE / 83RD AVE SE
LAKE STEVENS WA 98258
Phone Number: (425) 359-6611
Report Required: No
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D3	SS0130-Rutherford
19R1	SS0131-Wells
19S15	SS0126-Hingtgen

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
1	Reporting Party	SCHEFFLER, CHRISSY					
2	Reporting Party	TYSON, AMY					

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
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Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

05/27/2016 : 15:49:00 SP0424 Narrative: LR424

05/27/2016 : 15:48:13 SP0424 Narrative: ON EB 20TH ST AT 83RD

05/27/2016 : 15:47:23 SP0424 Narrative: M NOW OUT OF TRUCK, ASKING RP NOT TO CALL POLICE,

05/27/2016 : 15:47:12 SP0153 Narrative: Narrative added from associated Call #: 562 - ON 20TH

05/27/2016 : 15:47:01 SP0153 Narrative: Narrative added from associated Call #: 562 - RP SAYS NONINJ

05/27/2016 : 15:46:51 SP0153 Narrative: Narrative added from associated Call #: 562 - M NOW OUT OF HIS VEH AND STUMBLING IN TRF, VIC VEH IS WHI 4 DR PC

05/27/2016 : 15:46:29 SP0153 Narrative: Narrative added from associated Call #: 562 - 2 VEHS, REARENDER, PULLED OVER, 1 DRIVER POSS UNDER INFLUENCE, , WHI FORD TK,

05/27/2016 : 15:46:28 SP0419 Narrative: BCST

05/27/2016 : 15:46:18 SP0424 Narrative: POSS WITNESS TELLING NOT TO GET OUT OF CAR, "SOMETHING IS WRONG WITH HIM" POSS IMPAIRED

05/27/2016 : 15:45:55 SP0424 Narrative: WHI HONDA CIVIC VS WHI TRUCK

05/27/2016 : 15:45:42 SP0424 Narrative: CC, NOW, 2 VEH ACC NON INJ NON BLKING


**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591971

REPORT NO. E547945

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION	
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CASE #	2016-00010166
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	OF	CITY #
DATE OF COLLISION	05	-	27	-	2016			1540	31						0664

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
20TH STREET SE		BLOCK NO. <input checked="" type="checkbox"/> 8200
		MILE POST <input type="checkbox"/>

DISTANCE	50	00	MILES	<input checked="" type="checkbox"/> N	<input type="checkbox"/> E	OF (REFERENCE OR CROSS STREET)	83RD AVENUE SE
			FEET	<input checked="" type="checkbox"/> S	<input type="checkbox"/> W		

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHONE	
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LAST NAME	LENAY	FIRST NAME	COREY	MIDDLE INITIAL	R
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STREET NEW ADDRESS	18 151ST PL SE
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CITY	LYNNWOOD	ST	WA	ZIP	980872109
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CDL		RESTRICTIONS	J	ENDORSEMENTS	
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DRIVER'S LICENSE #	LENA YCR333N2	STATE	WA	SEX	M	D.O.B. MMDDYYYY	08	-	22	-	1967
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	C95612D	STATE	WA	VIN#	1FTSW31P53ED64796
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2003	MAKE	FORD	MODEL	F350	STYLE	CW	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	GEICO 4233702168
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	PHONE	
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LAST NAME	TYSON	FIRST NAME	AMY	MIDDLE INITIAL	L
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STREET NEW ADDRESS	8907 2ND PL SE
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CITY	LAKE STEVENS	ST	WA	ZIP	982586659
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CDL		RESTRICTIONS		ENDORSEMENTS	
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DRIVER'S LICENSE #	TYSONAL280J7	STATE	WA	SEX	F	D.O.B. MMDDYYYY	04	-	27	-	1972
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES	
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LICENSE PLATE #	ARU3451	STATE	WA	VIN#	19XFB2F57EE241149
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2014	MAKE	HOND	MODEL	CIVIC	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 976624794
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VEHICLE LEGALLY STANDING YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	R. RUTHERFORD	BADGE OR ID #	130	AGENCY	WA0311900
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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E547945**CASE # **2016-00010166**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		MILLER HAILEY C																		
ADDRESS & PHONE # 8907 2ND PLACE SE LAKE STEVENS WA 98258														SEX F	D.O.B. MMDDYYYY 01	-	06	-	2004	
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	7	NATURE OF INJURIES NECK PAIN		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		
NAME (LAST, FIRST, MIDDLE INITIAL)																				
ADDRESS & PHONE #														SEX	D.O.B. MMDDYYYY	-		-		
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES		

NARRATIVE

I was dispatched to a two vehicle non-injury/non-blocking collision. Upon arrival, I contacted both drivers. Driver of vehicle 1 stated that he was behind several vehicles and thought that vehicle 2 had started to move with the flow of traffic from the light. Vehicle 2 driver said that she was at the light and was rear ended by vehicle 1.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD		05-28-16 04:59 PM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	DATE
APPROVED BY ROBERT MINER 0095		PLACE SIGNED 5/29/2016 7:10:09 AM	
BADGE OR ID #	130	ORI #	WA0311900
TIME POLICE DISPATCHED		TIME POLICE ARRIVED	
3:44 PM		3:50 PM	

REPORT NO. E547945

CASE # 2016-00010166

DATE AND TIME
OF COLLISION 05/27/16 15:40

